

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

112 Henry Street NE, Suite 300, Olympia WA 98506

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REPRESENTATION PETITIONRECEIVED
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SEP 14 2016

PUBLIC EMPLOYMENT
RELATIONS COMMISSION☐ Amended Petition in Case # _____

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

PARTIES Include information for all parties involved.

EMPLOYER UW - Hall Health
Contact Peter Denis / Asst. VP of Labor Relations
Address 4300 Roosevelt Way NE
City, State, ZIP Seattle, WA 98195
Telephone 206-616-3564 Ext. _____
Email denisjp@uw.edu

PETITIONER SEIU Healthcare 1199NW
Contact Teresa Tobin
Address 15 South Grady Way, Ste 200
City, State, ZIP Renton, WA, 98057
Telephone 206-465-7465 Ext. _____
Email teresat@seiu1199nw.org

CURRENT BARGAINING REPRESENTATIVE
(If one exists) _____

Contact _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

TYPE OF REQUEST Select One. The petitioner requests:

- ☐ **RECOGNITION** to be certified as the representative of employees currently unrepresented.
- ☐ **CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- ☐ **DECERTIFICATION** to no longer be represented by the current organization.
- ☒ **INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ **EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT**Description of Bargaining Unit:** Indicate inclusions / exclusions

See Attached

Department or Division Hall Health**Number of Employees in Unit** Existing: 50, NEW: 11**Collective Bargaining Agreement**


If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

Contract Expiration Date: 06/30/17**OTHER RELEVANT FACTS**☐ Additional information relating to the proposed bargaining unit is attached.**SHOWING OF INTEREST**

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit.

The showing of interest cards are confidential and are ONLY filed with PERC.

AUTHORIZED SIGNATURE FOR PETITIONER

Print Name Teresa Tobin **Telephone** 206-465-7465 Ext. _____
Title Organizing Director **Email** teresat@seiu1199nw.org
Address 15 South Grady Way
City, State, ZIP Renton, WA 98057 **Signature**  **Date** 09/08/16

Included & Excluded – Hall Health ARNPs & HCS

Joining: existing UW Research RNs and Hall Health RNs

Included: All full time, regular part-time HCS & ARNPs employed at the University of Washington Hall Health

Excluded: All other employees, managers, confidential employees



15 S. Grady Way, Suite 200
Renton, WA 98057

C/o Teresa Tobin



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Seattle P&DC 981

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09/09/2016

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Public Employees Relations Commission
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